UAI - Page 10 - Plan of Care/Support Services

Customer																	
Medicaid # KAMIS ID Emergency Contact																	
Emer	gency Cor	itact					Re	lationship _			_ Phone:	home _			work		
AAA/ CME	Service (Code	Funding Source		Provider			Unit(s)	Per	Total Units Monthly	Start Da	ite	End Date	Dis- charge Code	Cost of Unit	Customer Obligation/ Copay	Monthly Cost
	Unmet			de, Availabil ber of Units	ity Code,								FE monthly cos		-	_	
	ervice Zode	Availa- bility	Units	Service Code	Availa- bility	Units			ding custome	r copay:	Medicaid Average Acute Care Cost: =						
							OAA tot			HCBS/FE Total Cost:							
Rele relea	ase of Info	ormatio nsas D	on: I conse Departmer	ent to the relation at on Aging a	ease of the	e inform provid	ation on t	his page so	gation/copay o I can rece nable the de	ive services	. I unders	tand th	ne information am monitoring	include J.	ed in these	e pages 1-	0 will be
Customer or Guardian Signature								Date				Assessor Signature & Phone #					
Customer or Guardian Signature							Date				Assessor Signature & Phone #						
			Ad	ditional Sup	port/Serv	ces fro	m Home I	lealth, Fan	nily, Friend,	Neighbor, A	Attorney, I	andlo	rd, Church, C	lub, Oth	ner		
Relationship (check if primary caregiver) (indicate "sa							Address e" if lives with	customer)	Home	Phone	Work	Servi	се	Freque	ency	Paid Yes No	